**Study title:** Adoption Sensitive Clinical Care
**Principal Investigator:** Tamarie Willis, Ph.D., MSW
**Study Sponsor:** This project is supported by the Children's Bureau withing the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS).

Hello, thank you for your interest in participating in this study.

**PURPOSE OF THE STUDY:**
The purpose of this study is to implement an infant adoption awareness training curriculum and provide technical assistance activities for hospital-based service providers who provide pregnancy or adoption information and referrals so parents who wish to place a child for adoption, have access to appropriately trained staff and comprehensive supports throughout the adoption process. The objective of this study is to create an Infant Adoption Awareness Training curriculum by enhancing the existing UIA 6 curricula with up-to-date and accurate information on all types of adoption, applicable state and federal laws, and relevance for a variety of hospital staff.

**STUDY PROCEDURES:**
**Participation in this study is completely voluntary.** If you agree to participate in this study, you will be asked to complete a survey before reviewing each of the UIA 7 modules, and again upon completion of the module. These pre and post surveys will assess your knowledge of the content before the training and assess any gains in knowledge after the training. Again, your participation is completely voluntary.

**BENEFITS OF THE STUDY:**
**As a participant in this research study, there are no direct benefits**. However, looking at long term effects, this training may have an impact on how you interact and engage with parents who are considering adoption as a birth plan option, as well as with adoptive parents. We also expect that there will be no foreseeable risks for the participants in this study.

**CONFIDENTIALITY:**
The information you provide will be used for research purposes only. **Reporting the responses will not contain your name or personal information.** The information provided will be combined with answers from other participants and reported in summary form. All staff members are committed to confidentiality and are covered by the University of Washington's IRB.

**Consent to Participate in the Research Study**
By signing this document, you agree to participate in this study. You will be given a copy of this document for your records and a copy will be kept with the study records. If you have further questions, please see below.

*I understand what this research is for, all my questions have been answered, and I agree to take part.*

**CONTACT INFORMATION Card:**
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